



General

Guideline Title

Acute change of condition in the long-term care setting.

Bibliographic Source(s)

American Medical Directors Association (AMDA). Acute change of condition in the long-term care setting. Columbia (MD): American Medical Directors Association (AMDA); 2003. 29 p. [22 references]

Guideline Status

This is the current release of the guideline.

This guideline was reaffirmed for currency by the developer in 2011.

Recommendations

Major Recommendations

The algorithm [Acute Change of Condition](#) (ACOC) in the long-term care setting is to be used in conjunction with the clinical practice guideline. The numbers next to the different components of the algorithm correspond with the steps in the text. Refer to the "Guideline Availability" field for information on obtaining the full text guideline.

Clinical Algorithm(s)

An algorithm is provided for [Acute Change of Condition](#).

Scope

Disease/Condition(s)

Acute change of condition (e.g., physical, behavioral, cognitive, or functional)

Guideline Category

Evaluation

Management

Risk Assessment

Treatment

Clinical Specialty

Family Practice

Geriatrics

Internal Medicine

Intended Users

Advanced Practice Nurses

Allied Health Personnel

Dietitians

Health Care Providers

Nurses

Occupational Therapists

Pharmacists

Physical Therapists

Physician Assistants

Physicians

Social Workers

Speech-Language Pathologists

Guideline Objective(s)

- To improve the quality of care delivered to patients with an acute change of condition (ACOC) in long-term care facilities
- To guide care decisions and to define roles and responsibilities of appropriate care staff

Target Population

Elderly residents of long-term care facilities with or at risk for an acute change of condition

Note: These guidelines apply substantially to individuals who come to long-term care facilities for short-term care.

Interventions and Practices Considered

Diagnosis/Assessment

- Identifying individuals at risk for acute changes in condition (ACOCs)

Describing and documenting symptoms and/or condition changes
Defining patient's stability and identifying why the situation is problematic
Determining the feasibility of identifying the causes(s) of the ACOC in the facility
Identifying and documenting the likely causes of the ACOC

Management/Treatment

Determining the feasibility of managing the ACOC in the facility
Identifying appropriate treatment goals and objectives that consider the patient's wishes
Managing the ACOC
Monitoring the patient's progress
Adjusting interventions and goals based on the patient's response to treatment
Reviewing the facility's management of ACOCs and unplanned hospital transfers

Major Outcomes Considered

Hospital admissions from long-term care facilities

Methodology

Methods Used to Collect/Select the Evidence

Searches of Electronic Databases

Description of Methods Used to Collect/Select the Evidence

2003 Guideline

Not stated

2011 Review Process

MEDLINE and PubMed were searched for updated literature related to the subject published between June 2009 and January 2011. This search is done annually and completed by the clinical practice committee vice-chair. If new literature does not change the content or scope of the original guideline, it is deemed to be current.

Number of Source Documents

Not stated

Methods Used to Assess the Quality and Strength of the Evidence

Expert Consensus

Rating Scheme for the Strength of the Evidence

Not applicable

Methods Used to Analyze the Evidence

Review

Description of the Methods Used to Analyze the Evidence

Not stated

Methods Used to Formulate the Recommendations

Expert Consensus

Description of Methods Used to Formulate the Recommendations

The guideline was developed by an interdisciplinary work group using a process that combined evidence- and consensus-based thinking. The groups were composed of practitioners involved in patient care in the institutional setting. Using pertinent articles and information and a draft outline, the group worked to make a simple, user-friendly guideline that focused on application in the long-term care institutional setting.

Rating Scheme for the Strength of the Recommendations

Not applicable

Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

Method of Guideline Validation

External Peer Review

Internal Peer Review

Description of Method of Guideline Validation

All American Medical Directors Association (AMDA) clinical practice guidelines undergo external review. The draft guideline is sent to approximately 175+ reviewers. These reviewers include AMDA physician members and independent physicians, specialists, and organizations that are knowledgeable of the guideline topic and the long-term care setting.

Evidence Supporting the Recommendations

Type of Evidence Supporting the Recommendations

The guideline was developed by an interdisciplinary work group using a process that combined evidence- and consensus-based thinking.

Benefits/Harms of Implementing the Guideline Recommendations

Potential Benefits

The approach to recognition, assessment, treatment, and monitoring of acute changes of condition (ACOCs) that is proposed in this guideline should result in better management of these events in the long-term care facility and fewer transfers to hospitals and other acute-care settings.

Potential Harms

Not stated

Qualifying Statements

Qualifying Statements

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Implementation of the Guideline

Description of Implementation Strategy

The implementation of this clinical practice guideline (CPG) is outlined in four phases. Each phase presents a series of steps, which should be carried out in the process of implementing the practices presented in this guideline. Each phase is summarized below.

I. Recognition

- Define the area of improvement and determine if there is a CPG available for the defined area. Then evaluate the pertinence and feasibility of implementing the CPG.

II. Assessment

- Define the functions necessary for implementation and then educate and train staff. Assess and document performance and outcome indicators and then develop a system to measure outcomes.

III. Implementation

- Identify and document how each step of the CPG will be carried out and develop an implementation timetable.
- Identify individual responsible for each step of the CPG.
- Identify support systems that impact the direct care.
- Educate and train appropriate individuals in specific CPG implementation and then implement the CPG.

IV. Monitoring

- Evaluate performance based on relevant indicators and identify areas for improvement.
- Evaluate the predefined performance measures and obtain and provide feedback.

Implementation Tools

Clinical Algorithm

Tool Kits

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

Institute of Medicine (IOM) National Healthcare Quality Report Categories

IOM Care Need

Getting Better

IOM Domain

Effectiveness

Patient-centeredness

Timeliness

Identifying Information and Availability

Bibliographic Source(s)

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Adaptation

Not applicable: The guideline was not adapted from another source.

Date Released

2003 (reaffirmed 2011)

Guideline Developer(s)

American Medical Directors Association - Professional Association

Guideline Developer Comment

Organizational participants included:

American Association of Homes and Services for the Aging
American College of Health Care Administrators
American Geriatrics Society
American Health Care Association
American Society of Consultant Pharmacists
National Association of Directors of Nursing Administration in Long-Term Care
National Association of Geriatric Nursing Assistants
National Conference of Gerontological Nurse Practitioners

Source(s) of Funding

American Medical Directors Association

Guideline Committee

Steering Committee

Composition of Group That Authored the Guideline

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Steven Levenson, MD, CMD, Clinical Practice Committee Chair

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Financial Disclosures/Conflicts of Interest

Not stated

Guideline Status

This is the current release of the guideline.

This guideline was reaffirmed for currency by the developer in 2011.

Guideline Availability

Electronic copies: None available

Print copies: Available from the American Medical Directors Association, 10480 Little Patuxent Pkwy, Suite 760, Columbia, MD 21044.

Telephone: (800) 876-2632 or (410) 740-9743; Fax (410) 740-4572. Web site: www.amda.com .

Availability of Companion Documents

The following are available:

Guideline implementation: clinical practice guidelines. Columbia, MD: American Medical Directors Association, 1998, 28 p.

We care: implementing clinical practice guidelines tool kit. Columbia, MD: American Medical Directors Association, 2003.

Electronic copies: None available

Print copies: Available from the American Medical Directors Association, 10480 Little Patuxent Pkwy, Suite 760, Columbia, MD 21044.

Telephone: (800) 876-2632 or (410) 740-9743; Fax (410) 740-4572. Web site: www.amda.com .

Patient Resources

None available

NGC Status

This NGC summary was completed by ECRI on July 6, 2004. The information was verified by the guideline developer on August 4, 2004. The currency of the guideline was reaffirmed by the developer in 2011 and this summary was updated by ECRI Institute on May 11, 2012.

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